PTO/SB/17 (10-08)

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Date December 29, 2008

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
	Application Number 1		10/791,6	10/791,603					
FEE TRANSMITTAL For FY 2009					Filing Date 03/0		02/2004		
					First Named Inventor Jasr		smine Chennikara		
1 name	Examiner	Examiner Name Jan		nelle N. Young					
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 2618				
TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney D	Attorney Docket No. APP 14				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 021822 Deposit Account Name: Telcordia Technologies									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application		\$) Fee (	S) Fee	\$) Fee (\$)	Foo	(\$) Fe	e (\$)	Fees Paid (\$)	
Utility	330		540	270	22	0 1	10		
Design	220	***	100	50	14	0 :	70		
Plant	220	110	330	165	17	0 8	35		
Reissue	330	165	540	270	65	0 32	25		
Provisional	220	110	0	0		0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)								Fee (\$) 26	
Each independent claim over 3 (including Reissues)								110	
Multiple dependent claims							220 390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
	20 or HP =0		52 =	0			Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra			e Paid (\$)					
2 - 3 or HP = 0 x 220 = 0  HP = highest number of independent claims paid for, if grouter than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or	fraction thereof.	See 35 U.	S.C. 41(a)(1)(G	and 37 CFI	R 1.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g.,	tate filing surch	arge): <u>RCE</u>	Fee 1.17(e)					810.00	
SUBMITTED BY									
Signature	Signature /Philip J. Feig Reg. No. 27328/					Registration No. 27328 Telephone (732) 699-7997			

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Name (Print/Type) Philip J. Feig